

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753154

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: ST. ANTHONY'S HOSPITAL, INC.

**Current Principal Place of Business:**

1200 7TH AVENUE NORTH  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

ADMIN 1200 7TH AVE N  
SAINT PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 59-2043026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ULBRICHT, WILLIAM G  
SAINT ANTHONY HOSPITAL  
1200 7TH AVE. NORTH  
ST PETERSBURG, FL 33705 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MCQUEEN, WILLIAM  
Address: 2201 NINTH ST NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: T ( ) Delete  
Name: TREMAINE, THOMAS  
Address: 880 CARILLON PARKWAY  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: T ( ) Delete  
Name: LEE, MARTINO  
Address: 5830-142ND AVE NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: PRES ( ) Delete  
Name: ULBRICHT, WILLIAM G  
Address: 1200 7TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: S ( ) Delete  
Name: REBECCA, ARSENEAU A  
Address: 1200 7TH AVENUE N  
City-St-Zip: ST. PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: TREMAINE, THOM  
Address: 1200 7TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T (X) Change ( ) Addition  
Name: WILLIAM, TAPP  
Address: 1200 7TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T (X) Change ( ) Addition  
Name: LEE, MARTINO  
Address: 1200 7TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33705

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA A ARSENEAU

MS

03/11/2009

Electronic Signature of Signing Officer or Director

Date